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PROF. CHRISTISON'S LECTURE ON THE PRESENT STATE OF MEDICAL EVIDENCE.

[Continued from page 181.]

THE first objection to be stated against it [the practice of not allowing medical witnesses to be present in court to hear the evidence of the general witnesses] is, 'that it tends to suppress and conceal medical facts. It is impossible for judge or counsel to know always what facts in the general evidence are medical, and what not. No one will doubt the aptitude with which the lawyer acquires for the occasion a knowledge of the particular art or science concerned in a law case. But it is not to be supposed that any aptitude or any practice of the kind will enable him to single out from the testimony of the general witnesses the whole facts which bear upon medical opinion. It has been already mentioned, that one of the shrewdest lawyers who ever occupied the Scottish bench once made this admission in court. I may now mention a remarkable illustration of its justice. In 1831, on the trial relative to the disputed insurances on the life of the late Earl of Mar, which it was maintained had been vitiated by concealment of the vice of opium-eating, the presiding judge, the late Lord Chief Commissioner Adam, told the jury in his charge, as a fact in the case, that although there was evidence of the Earl having purchased laudanum at the rate of nearly three ounces a-day for some years, there was no evidence of his having actually taken it to that excess. There was indeed no direct evidence of his having done so. But the judge, not being a medical man, had not perceived the medical bearing of a most pregnant little fact which was sworn to by the Earl's housekeeper; who said she gave him every morning before he got up so large a dose as a tablespoonful of laudanum at once. As he was also proved to have taken habitually several other doses during the day, the whole quantity was approximately accounted for. But—which is still more pointed—the enormous dose, and the time of day when he took it, were to every medical man irrefragable proof that Lord Mar must have long been a practised and slavish opium-eater.—[Med. and Surg. Journal, xxxvii., 130.]

Another objection is, that facts are liable to be misstated and misrepresented, owing to errors of language. One of the chief reasons for the preference we give to the direct testimony of our own senses over the testimony of others, is the risk of error from the necessity of the

intervening use of language. The medical witness is subjected by the present rule of Scotch courts to a two-fold risk of this kind, inasmuch as he receives the facts, not directly from him who witnessed and describes them, but through the intervention of a third party. And the risk of error is all the greater, that many words have a double meaning, one general, and the other scientific or professional. Some years ago, on an important trial in the High Court of Justiciary for assault, the public prosecutor attempted to prove, that the person assailed had been wounded to the effusion of his blood; which is held in law to be an aggravation of guilt in such cases. When the principal medical witness was examined as to the injuries inflicted, he was asked whether any blood had been effused; and he replied that a good deal must have been effused. But he meant that there was effusion of blood under the skin, constituting the contusion he had described; while the counsel and court at first received his answer as implying that there had been considerable loss of blood from a wound. The latter view was on the point of passing to the jury as a fact, when one of the judges detected the equivocal, and set the matter to rights. But the incident is not the less illustrative of the risk of serious error, in circumstances in which scarcely any medical man could have gone wrong, had he been duly pre-informed as to the bearings of his evidence.

A third objection is, that the medical witness has no opportunity of judging of the truth of the facts, on which he is asked to found his opinion. The same professional skill, which enables him to collect the facts better than another, makes him also a better judge of their authenticity. I am aware of the theory in law, which holds that the jury alone are to judge of the truth of the facts. I apprehend, however, this doctrine may be meant to apply only to those facts whose truth depends on the veracity of the witness. But at any rate, both in regard to such facts, and all others indiscriminately, the rule is violated by the present practice of Scotch courts in examining medical witnesses. The facts do not pass to them with the stamp of authentication from the jury. For the questions put to the witnesses are framed from the facts, and put generally by the counsel, and occasionally by the judge, but very seldom by the jury. In truth, the rule must be inevitably violated, whenever evidence consists of opinion from facts deposed to by others; because no man in such circumstances can either form an opinion as a witness, or shape questions to elicit an opinion from a witness, without exercising his judgment as to the authenticity of the facts. I do not here refer so much to facts whose authenticity depends on the veracity of the witness who deposes to them. His evidence as to facts, whence medical opinions are to be deduced, may be morally true, and nevertheless scientifically false. And it is mainly their authenticity in the latter respect, which is referred to at present, as a matter which must be determined before an opinion can be safely formed from them. According to the existing practice of Scotch courts, this is done by the counsel and the judge. Is it not more rational that it should be done by the witness himself, who alone is qualified by professional education to exercise such judgment?

No one can hesitate how to answer that question, who is acquainted with the nature of medical facts—the acuteness required for observing them—the experience for appreciating them—the judgment for distinguishing fact from opinion. I would beg in particular to remark, that few are aware, and no unprofessional person can be adequately so, of the great risk that opinion shall be mistaken for fact.

Facts being mostly cognizable by the external senses, they are received in evidence much more unreservedly than opinions; which, besides the exercise of observation, involve that of many other faculties of the mind, all much more liable to error. Hence opinions, if taken for facts, will be apt to be admitted as such with undue facility, because not duly tested by the judgment. Spurious facts of this sort abound in pure medicine. How much more then in medical jurisprudence, if supplied by unprofessional persons! Suppose that in a trial on account of a disputed assurance, an ordinary witness deposes that the party insured had at a certain date palsy in the limbs. To a non-medical eye nothing could be liker a simple fact. But it is no such thing. The affection may have been lameness, left by an old rheumatism. It may depend on stiffness of one or more joints from local disease or injuries; it may be part only of a general debility, affecting, as it often does, the limbs more than the rest of the body; it may be a mere awkwardness of gait. In calling the affection palsy, then, the witness does not state a fact, he forms a diagnosis, he delivers an opinion, and an opinion very likely to be wrong; for it is sometimes no easy matter, even for a medical man, to make up his mind as to the existence of paraplegia in its early stage. How often upon trials does it happen, that in describing the appearances in suspected poisoning, the witness says he saw inflammation of the stomach! and this is received as a statement of fact. But is it really such? Several characters are necessary to constitute inflammation: some of these may be imitated by the state of the stomach at certain stages of digestion; others by pseudo-morbid appearances arising spontaneously a short time before or after death; others by the action of extraneous agents subsequently. The witness, therefore, does not describe a simple fact: he forms a pathological opinion. And were any further proof necessary to establish this, I have but to remind you how often he is discovered to be wrong. Some years ago a man in London was tried for murdering his mistress, and throwing the body into the Thames. His defence was that they determined to drown themselves together; but that his resolution gave way in the water; and that, while he with difficulty saved himself, he failed in his efforts to save also his companion. But three surgeons, in this matter no wiser than three ordinary observers, swore at the coroner's inquest, that they found contusions on the head and face of the girl's dead body. This passed for a fact, and to most unprofessional persons would seem a very simple fact. The man was accordingly tried for his life. But on the trial a fourth surgeon swore, that he afterwards dissected the alleged bruises, found no traces of congested or extravasated blood, and that in his opinion the appearances were no more than the livid marks which are apt to arise in many bodies after death. A somewhat similar case occurred in this city some

years before, in which the prisoner justly escaped through the evidence of the late Mr. John Bell and Mr. Fyfe.

If I may trust my own experience of proceedings in criminal and civil trials, the confounding of medical opinion with medical fact is a matter of very frequent occurrence, and one serious cause of the imperfections of medical evidence. Nor is it rashness of criticism to express a fear, that errors originating in this cause must be very apt to happen under the present system, which requires medical witnesses to form their opinion on the facts, without a previous opportunity of sifting them.

A fourth objection is, that the medical witness can have no correct idea of the bearings of his evidence on the case. This is too evident to need illustration. The proposition indeed may with reason be stated more strongly. For he will be very apt to take up an incorrect idea of the bearing of his evidence; inasmuch as questions framed upon general propositions, or supposed conditions, cannot fail to give him some insight, and yet a very imperfect and probably incorrect one, into the ordinary facts and nature of the case.

It will probably be replied, however, that according to a principle in evidence, testimony is in general of most weight, when the witness does not know how it affects the cause. "It is not necessary," says Mr. Glassford, "that a witness should understand the purposes of his examination, or the inferences to be drawn from his answers; on the contrary, his want of opportunity, and even his incapacity, for so doing, may in some cases confirm the truth of his information" (P., 53). This may be all very sound doctrine in respect to evidence consisting of facts only. But in matters of opinion, any little strength thus given to testimony is far more than counterbalanced by the great risk of the court, in ignorance of medical science, or misled by the terms of the opinion, giving it a force neither designed by the witness, nor borne out by scientific principles. And this consideration is all the more cogent, that it is often the interest and the aim of counsel to bring about such a result. I do not know how medical witnesses now usually feel under the new practice of excluding them from the general evidence and medical facts deposed to in court. But I must confess for my own part, that having often, as a witness under the older and more open practice, seen the necessity of an explanation or condition, to prevent an erroneous conclusion or application, which would otherwise have been deduced from my answer, and which I was able to anticipate only because I knew the general facts and the bearing of my evidence on them—I should entertain now a reluctance to appear as a medical witness, and a fear of error in that capacity, to which I have hitherto been a stranger.

The fifth and last objection I have to notice is one which applies as much, if not more, to the practice of withholding the precognition from the medical witness, as to his exclusion from the evidence of the other witnesses at the trial. This is, that the range of medical evidence is thus circumscribed, to the serious obstruction of the ends of justice.

Not many medical men, perhaps, and certainly few lawyers, are aware how comprehensive would be the scope of medical evidence, under a



better judicial practice, and in the hands of able medical witnesses. To substantiate this statement here would require considerable details, otherwise it could be accomplished with no great difficulty. It may perhaps suffice, however, to mention that there are not two opinions on the subject among well-informed medical jurists. And their convictions on this head refer to all kinds of medico-legal inquiries, whether civil or criminal; but most of all to those connected with trials for homicide, assault, child-murder, and other heinous offences against the person. For it is not only the mere cause of death or injury, which may be cleared up by medical evidence. Equal light may be thrown by it upon the intent with which the injury was inflicted, the time of infliction, the means employed, the force exerted, the number of persons concerned, the profession of the assailant, his very person even, with sundry other minor points which it would be tedious to enumerate. Nor should the important consideration be overlooked, that medical evidence may supply a direct and impartial test of the veracity of the ordinary witnesses in circumstances when their truth might be justly doubted.

This last object is of such consequence, that I may be permitted to illustrate it by a single instance, among many which I could supply from my own experience. On the trial of Mrs. Mackinnon, a brothel-keeper, who was executed here in 1823 for murder, it was stated in evidence by the companions of the deceased, that on their going into the place on their way from an evening entertainment, a squabble arose between them and the inmates; which ended in the deceased receiving a fatal stab in the chest. At the examination of the body, at which I was present, though not officially, I remarked that the wound, which was situated over the cartilage of the second left rib, penetrated towards the left, backwards, and very much downwards, into the lungs. On then asking one of the deceased's companions, who happened to be present at the inspection, how the injury was inflicted, he said he saw the prisoner approach the deceased with a long table-knife held dagger-wise, and drawing a blow from her left ear, strike him downwards, forwards, and to her right side. But the prisoner alleged in her declaration, that she merely held the knife before her, sloping upwards, to deter the deceased from attacking her; and that he, being drunk, stumbled forward as he advanced, and fell upon the point of the knife; and this statement was in some measure confirmed by her lodgers. Here were two very contradictory accounts—and an impartial test of their respective truth was much to be desired; for the whole individuals in the scuffle were more or less intoxicated; one party was disreputable, and the other not absolutely the reverse; so that the evidence of neither was quite to be depended on. Such a test was supplied by the particular direction of the wound; which was wholly incompatible with the declaration of the prisoner, and perfectly conformable with the evidence of the companions of the deceased.

Now, what I have to urge is, that unless the medical experts and witnesses are made well acquainted with the precognition, and hear the testimony of the general witnesses at the trial, evidence of this kind must be very apt to be overlooked, and the range of medico-legal inquiry

consequently circumscribed, to the sacrifice of truth, and the obstruction of justice.

[To be continued.]

# **TREATMENT OF ORCHITIS BY A SUBCUTANEOUS DIVISION OF THE TUNICA ALBUGINEA.**

BY J. EDWARD WEBER, M.D., OF NEW YORK CITY.

[From the "New Yorker Medicinische Monatschrift." Translated for the Boston Medical and Surgical Journal by G. H. K.]

THE experience of all surgeons shows that acute inflammation of the testes, notwithstanding the most skilful treatment, has in a large number of instances terminated in gangrene. This gangrene is caused by the sudden attack and rapid progress of inflammation of the parenchyma of the testis. The tunica albuginea being, as it is known, of a dense fibrous texture, is incapable of but slight distension, and through this incapacity of distension, when inflammation progresses rapidly, and exudation into the substance of the gland takes place rapidly and in a large quantity, we very soon have symptoms of incarceration, similar to those of strangulated hernia—and not only the symptoms, but the result, viz., gangrene of the organ.

To prevent this unfortunate result, an operation has been performed by several French surgeons, called "*debridement du testicule*," or division of the tunica albuginea testis, which treatment deserves much credit, as it perfectly fulfils the indications, i. e., relieves the very painful distension; and moreover, as inflammation of the parenchyma of the testis is rare (epididymitis being much more common), the operation is seldom performed, and therefore deserves the more creditable notice.

The following case, which I treated while attached to the Emigrant's Hospital, Ward's Island, in 1850, offers further evidence in favor of the operation.

A \* \* \* L \* \* \*, aged 24 years, of robust constitution, had had impure connection three weeks previous to admission, and had contracted gonorrhœa, which, however, was so slight that he used but the most common-place remedies. One evening, shortly previous to being received into the Hospital, he had been exposed to rainy inclement weather, when he contracted a severe cold, which was followed by violent pain during micturition, an increase of discharge from the urethra, and swelling of the left testicle. In consequence of this, he sought admission to the Hospital, and was received August 12th, 1850.

On examination, I found symptoms of a common gonorrhœa, and a not very large but painful swelling of the epididymis. I ordered him a warm bath, leeches to the perineum, to remain in a horizontal position in bed, and his scrotum to be well supported by a pad or pillow placed under it. Over the scrotum was applied a narcotic cataplasm, and I directed frictions to the inside of the left thigh with ungt. hyd. ciner. cum ext. hyoscyami. Internally tartar emetic in small doses was administered, with a rigid diet.

This treatment relieved the pain, but did not reduce the swelling in

the slightest. During the following two days there was an exacerbation of pain in the evening, which was slightly relieved by the application of leeches, but the patient remained restless. On the evening of the third day, when making my usual visit, I found the patient with an anxious countenance, pale, pulse small and irregular, and bathed in a cold perspiration. The inferior portion of the abdomen, particularly on the left side, was excessively tender, so much so that the slightest touch compelled him to cry out. The excessive pain in the left side of the scrotum had rendered him nearly speechless. Examination showed that the swelling of the epididymis was not diminished. The testicle itself was apparently distended, hard to the feel, and tender. These symptoms showed to my mind that this was a case for the operation of "debridement du testicule," and the result has justified that opinion.

The operation, as performed by the French surgeons, consisted in laying open the scrotum and dividing the tunica albuginea; but I preferred making the incision subcutaneously, without exposing the testicle to the air, after the method proposed and performed by Dr. G. Ross, a German surgeon.

Taking the scrotum in my right hand (the left testis being diseased), with the left hand I pushed up a straight bistoury, about two inches in length, with its flat surface next the testis, from the inferior portion of the scrotum until it reached the superior border of the gland, then turning the cutting edge of the knife next the gland, by drawing it downwards gently divided the tunica albuginea.

At the moment of division, a sensation was communicated to my hand similar to that felt in the division of a tendon. The patient was instantly relieved, and slept well the entire night. The next morning all pain had disappeared, but for the next few days the swelling increased; this was readily relieved by the application of adhesive straps after the method of Fricke of Hamburg, and narcotic cataplasms. On the third day after the operation, a few drops of pus oozed from the opening, which had been dressed with adhesive plaster, after which there was scarcely any appearance of an operation having been performed. Along the course of the division could be felt a slight hard ridge, which gradually disappeared. The gonorrhœa yielded to the usual treatment, and the patient was discharged cured on the 4th of September, 1850.

The knife I used was similar to that used by Wutzer, of Bonn, in his operations for tenotomy, and which I have always preferred for all similar operations.

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#### POLYPUS AND INVERSION OF THE UTERUS.

[A MEDICAL gentleman of Boston received the following case from Gilman Davies, M.D., of Portland, Me., in whose practice it occurred.]

In September, 1851, I was called to visit Mrs. ———, 46 years old. She had been married twenty-two years, and had borne five children, viz., in the years 1830, '32, '35, '37 and '40. She had never mis-

carried; and though a slender and feeble woman, had enjoyed good health, with the exception of habitual costiveness, until about eighteen months previous to my visit. At that time the menstrual secretion became irregular, the hemorrhage continuing much longer than heretofore. Believing it to be the usual termination of that function, and that it was the "turn of life" with her, she had no medical aid till the time of my visit. After examining her case, I stated to her my belief that it was true uterine hemorrhage, and that it was probably caused by a polypus. I urged an examination for the purpose of ascertaining this, and if it was so, of removing it. To this she was unwilling to submit; and under the use of the persesquinitrate of iron, turpentine, &c., with gentle laxatives, she gained strength, and the hemorrhage diminished, so that she felt comparatively well. My last visit was in November. I did not see her again until February 7th, at 8 o'clock, P.M. In the mean time the flowing had continued and increased, and there had been two severe attacks of uterine pain. Once she rolled on the floor in her agony. Her sister urged her to send for me, and to submit to whatever operation was necessary; but believing still that there was nothing unusual in her case, this was not done.

On the afternoon of February 6th, she went out to ride in a sleigh. The roads being very rough, she was jolted a good deal. On her return home, she complained of nausea, and the flowing increased. She passed an uncomfortable night, but went to the breakfast table in the morning. She vomited the little she ate, and then went to her chamber. At noon she took a few oysters, which the stomach very soon rejected, and in the evening she became faint, and I was sent for. On my arrival I found her almost pulseless; pallid, cold, with distressing nausea. Under the exhibition of stimulants she revived, and I made a vaginal examination. I found a large, firm polypus lying low in the vagina; and at the same time, upon applying my left hand upon the abdomen, which was much flattened, I felt what was evidently the uterus just above the pubes, but with a conical depression at the fundus. She continued to sink, and died between 4 and 5, A.M.

The following day I requested an examination; and stated to the family that in addition to the polypus, the existence of which I had ascertained the evening before, I was convinced there was complete inversion of the uterus. They gave their consent, and I made the examination. Upon opening the abdominal cavity, the uterus presented itself completely inverted—one ovary lying upon each side of the tunnel-shaped cavity, and the Fallopian tube dipping down into it. The polypus was fibrous, and attached to the fundus uteri by a neck an inch in diameter. The polypus and uterus together weighed one pound and a quarter.

Dr. Ashwell, in the second edition of his work on diseases of females (English edition), page 491, says, "It is said that polypi by their weight, but especially by their sudden escape from the uterine cavity, may produce inversion of the organ. It is difficult to imagine this, if the uterus be unimpregnated, although we have a preparation at Guy's proving that a polypus may, by its weight alone, produce inversion of the unimpregnated womb."

## STRANGULATED PHRENIC HERNIA IN A HORSE.

BY CHARLES M. WOOD, VETERINARY SURGEON.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I feel some diffidence in approaching the pages of your Journal, but hope that the following case in veterinary medicine may possess sufficient interest to render it acceptable to some of your many readers.

Wednesday, March 10th, 2, P.M., I was requested to visit (at Ward's stable) a horse, the property of a physician of this city. On my arrival, I found my subject (a bay horse, 13 years old and in good working condition), to be laboring under the following symptoms. Profuse perspiration; extreme restlessness, and hurried respiration; pawing violently; suddenly throwing himself down and rolling on his back; lying in that position only for a few seconds, then quickly rising again, to resume his pawing and scraping as before. These symptoms were accompanied by severe spasmodic contractions of the abdominal muscles. On inquiry of the owner, who was present, he informed me that he had driven the horse during that forenoon; but although he was not in his usual spirits, he saw no trouble with him till 12, M., when he was discovered pawing and attempting to lie down in the street where he had been left standing. He was immediately taken to the stable, and an attempt made to give him medicine, which the violence of the symptoms rendered extremely difficult to do. However, assisted by those present, I raised the animal's head for the purpose of giving him an antispasmodic drench, which was composed of tincture of opium, ℥j.; sulphuric ether, ℥ij.; water, ℥viij. This he stoutly resisted, and in his struggles he was thrown down. Being secured in this position, the medicine was easily administered. I also gave an injection of laudanum, &c., per rectum, and he was then allowed to get up; but he was no sooner on his feet than he walked into the stall and commenced pawing as before. I then applied a stimulating liniment to the abdomen, which at first excited him very much, but after a while appeared to give some relief. This, however, was of short duration. I visited him again at 4, P.M. Found him standing, pawing, and frequently looking back to the left side, which was evidently the seat of disease. I walked quietly into his stall, and carefully examined him. The pulse was 64, and feeble; the respiration painful and laborious; the whole body, especially the extremities, very cold; the pupils dilated, and the eyes wild and staring. I repeated the medicine, and also the injection. At 6, P.M., there was no abatement of the symptoms; he was still standing, not having laid down during my absence; he was constantly pawing, first with one foot and then with the other, the body and extremities remaining cold, and the pulse depressed and small. I now gave up all hope of his recovery, being of the opinion that some serious lesion of the stomach, diaphragm or intestines must have taken place. He appeared now to suffer little pain, being, as I supposed, under the influence of the opiates; but his tail was trembling, the head thrown up and down, it being often turned to the left side as before. I offered him some tepid

water, of which he drank moderately ; gave him an injection of soap and water, had him well covered, and left him. At 10, P.M., he was still standing, and pawing as usual ; respiration quick and more laborious, with a general tremor of the whole body ; great anxiety, and rapidly increasing prostration. He was evidently sinking.

Thursday, 11th, 7½, A.M., visited my patient, just in time to see him fall dead in his stall. This was about nineteen hours after the attack.

*Post-mortem Examination, eight hours after death.*—Present, Professor J. B. S. J., Dr. C. and Dr. G. On removing a portion of the large intestines, the stomach appeared, very much distended, but was otherwise healthy. There was discovered immediately a rupture in the tendinous portion of the diaphragm, of about three inches in length, and on the left side, through which some ten or twelve yards of the small intestines had been forced into the chest, completely strangulated and in the highest state of congestion. There was, also, a rupture, nine or ten inches in length, of the muscular portion of the diaphragm on the same side. That these ruptures were the immediate cause of death, there is of course no doubt. It is also probable that the lesion must have occurred recently, for such an injury usually proves very speedily fatal. The rupture may, however, have happened some days previously to the strangulation.

The causes of rupture of the diaphragm are very obscure ; but I think it is usually the consequence of sudden and violent exertion ; although it might in this case have been superinduced by the over-distended state of the stomach.

*Boston, April 6, 1852.*

#### DEATH WHILE UNDER THE INFLUENCE OF THE TINCTURE OF CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

EMILE, a sailor, 20 years of age, a Swiss, a tall and remarkably fine-looking man, entered this Hospital on the 10th of March, 1852. Report by those who brought him here, and subsequently made by himself during his convalescent state, was, that somewhere about the 20th of February, the great toe on his right foot was frost-bitten. About a week after this, was taken with fever, and his "bed-place" aboard ship, which was bound to this port from Liverpool, was almost constantly wet, and he had not much care bestowed upon him. On arrival, the men made him drink.

He had ship-fever. At the time of entrance, he was under some considerable mental excitement—talking foolishly—had looseness of the bowels and eruption on the abdomen. As mental excitement subsided, he began to complain of pain in toe, the last phalanx of which was black and hard.

The fever yielded rather kindly ; but pain in the toe was great, very much more so than in a majority of the many cases of the kind, of

fingers and toes, which here fall under our notice and treatment every season. The precise seat of pain was said by the patient to be, now on the inside of toe, now on the sole; once in a while he would say "all over." At last, perhaps on the 30th ult., I concluded such intense pain, which no applications seemed to alleviate but for a short time, must be caused by the condition of the matrix of the nail; and on the 3d inst. he concluded to have it removed.

Seated in the operating chair, a sponge wet with tr. chloroform (vide U. S. Dispensatory, 1851, page 848) was applied to his mouth and nose. He disliked the application very much, was refractory, and presently refused to breathe it. I explained to him the kind of operation he was about to undergo, and the exquisite painfulness of it; that this article was given daily, and so forth. He persisted that he would hold his foot himself, without the sponge, and with reluctance I proceeded to loosen up the skin from the nail, which caused, as was expected, great agony; he now said, "give me that."

The sponge was wetted again, and in a very short time he fell, apparently, into the usual state of anæsthesia. Immediately, I slipped a spatula above the matrix, and the nail was out. Upon looking up, I observed the part of the face which was uncovered, very pale, and the eye half closed and fixed. The pulse was hardly perceptible. Instantly the sponge was removed, the patient laid upon the floor, and the windows thrown open. Water was dashed upon his face and breast, his legs elevated, ammonia applied to nostrils, artificial respiration, and finally electro-magnetism. He was dead.

When first laid upon the floor, the region of the neck and face in the near vicinity of the ear was purple.

From the time of the *first* application of the sponge, to the moment he ceased to breathe, could not have been more than, if so much as, five minutes. The *whole* quantity of tr. of chloroform used was, by careful measurement, exactly "two ounces and five drachms."

The above is simply a relation of the facts of the case. Since the occurrence, however, I have learned from the attendants and others that the patient's conduct in the ward during the day was different from usual. While smoking a cigar in the ward, and being told by the nurse he should have to report him to me if he did not desist, he answered impudently, and continued the offence. This was quite unlike his customary behavior.

Permit me to add my impression or hypothesis concerning the sudden termination of this case. When I took the first step in the operation, he was in a state of excitement, partly from having taken two or three inspirations of the tr. chloroform, and partly from resisting my assistants. Might not the agony, experienced at this time, have caused a faintness which would have declared itself, fully, at a moment later, if the sponge had not been re-applied? The effect of the agent used, combined with the great shock to the nervous system from pain, and the incipient syncope, all falling together, united in producing that condition from which we were unable to arouse him.

J. B. S. Jackson, M.D., will append his notes of the post-mortem



examination, made by himself, the following-named gentlemen being present :—Drs. S. L. Abbott, T. S. Ainsworth, C. E. Buckingham, H. J. Bigelow, H. G. Clark, G. L. Fox (U. S. N.), J. S. Jones, A. Poor, S. Parkman, C. G. Putnam, C. H. Stedman, C. Warner, J. Mason Warren, A. T. Willard, and Theodore Metcalf, Esq.

Chelsea, Mass., April 4th, 1852.

WILLIAM INGALLS,  
Physician and Surgeon U. S. Marine Hospital.

*Autopsy*, about twenty-four hours after death. Color of muscles not remarkable, nor the amount of rigidity. Blood dark, and quite liquid in the large veins, the thoracic aorta, and the heart, excepting a small quantity of soft gelatiniform fibrin in the right ventricle. Heart moderately firm. Lungs not remarkable in regard to color or congestion; there being no trace of the bright scarlet color that was found in the case of death from caloroform that occurred in this city in March, 1849, and an account of which was published in this Journal by Dr. Jeffries. And neither was there the rapid decomposition that was so marked in that case; there being no discoloration, though the examination was more than usually offensive. The stomach and lower half of the small intestine contained a large quantity of undigested food; extensive cadaveric softening of the mucous membrane of the first; and some chyle in the lacteals. The spleen was extensively diseased, as was also the left kidney, and, to some extent, the right; the affection being apparently of the nature of chronic inflammation. The head, as well as all of the organs of the thorax and abdomen, were fully examined, but nothing further was discovered.

#### PHOSPHATE OF LIME IN PHTHISIS, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—A correspondent in the number of your Journal for April 7th, must have read my article "without specs" to gather from it that I supposed somebody, who had recently recommended phosphate of lime for phthisis, was the *first* discoverer of it, when all I said went to show that it was used for the same disease, almost "thirty years ago," by an eminent practitioner in Rhode Island; and, especially, as I used the following words, "The medicine is not *new*, nor *newly* used, only as *old* things *often* become *new*." I never intimated that anybody now living was the *first* discoverer of phosphate of lime, or first in using it in phthisis, but the contrary; and he might, therefore, have spared his display of learning, informing us who did "first use it."

As to "giving the cold shoulder to the phosphate of lime," &c., the correspondent referred to has given *both* a *cold* and a *warm* "shoulder" to it; for, in the number of your Journal for Dec. 31st, 1851, p. 453, he says, "phosphate of soda would probably answer better" (referring to phosphate of lime), and assigns as a reason, that "the salt of lime is insoluble;" and in the last number he says "the phosphate of lime

may be the most important." Thus, last December, phosphate of soda was the best, and phosphate of lime injurious, because "*insoluble*"; now, phosphate of lime is the most important. If desirous of it, I hope he will try his skill at *quid nuncs* again.

Boston, April 9th, 1852.

W. M. CORNELL.

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#### TAPE-WORM.

[Communicated for the Boston Medical and Surgical Journal.]

An Irish girl in the employ of L. Ingalls, Esq., of this place, on the 16th of Dec. last, was taken early in the morning with severe distress at the pit of the stomach, and retching. She soon felt her throat and mouth filled with something, which, on removing, she found a portion of a tape-worm. She drew from her mouth several pieces of considerable length, which she affirms were alive, and moved. While engaged in her work during the morning, she had another similar attack, and drew out a quantity more. This, together with the former, was put in a bowl of water, and was seen to move distinctly by the members of the family. It was brought to my office by Mr. Ingalls, in the evening, and consisted of six or seven pieces, measuring in the whole forty feet. I did not examine for the head at that time. On looking at it later, I found each of the several pieces nearly alike, larger in the middle, and tapering towards the ends. One end of each was very small and pointed, with very small points. The points at the other were much larger, say from  $\frac{1}{4}$  to  $\frac{1}{2}$  an inch. I know not whether there was a head on any of them or not. I have them now preserved in spirit. She had previously been in tolerable good health, and had never had medical attendance.

I saw her to-day, and learned from her that she has very often passed portions of tape-worm, but none since that time. She says she has raised it before, she thinks four or five times, and she thinks more than she did at this time. She states that she has always felt the symptoms above-mentioned, viz., great distress at the pit of the stomach, with violent retching, before it came up. She is rather fleshy at present, and suffers from pain in her side and epigastrium, but has no tenderness. Her appetite is good and pretty regular. Menstrua regular, and also her bowels. I have mentioned this case because I had met with no one similar, and seen no record of any, though others may have. I have shown the worm to several physicians of the vicinity, but no one has heard of such a case. If such are common, I shall only have exposed my ignorance; but that I am willing to do, if I can gain information thereby. If these be not common, would not this case warrant some effort at dislodging the parasite, when in the stomach, by the use of emetic medicines?

J. H. NUTTING, M.D.

Stafford Spa, Conn., March 22, 1852.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, APRIL 14, 1852.
 

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*Expulsion of Tape-Worm.*—Since the publication of Mr. Soule's paper, in this Journal, some months since, recommending an orgeat of the common pumpkin seeds in cases of tape-worm, successful trials have been made in various directions, confirmatory of the value of the discovery. A copy of that number of the Journal was sent to the Rev. J. H. Hill, a distinguished Episcopal missionary at Athens, who read in it of the success attending the administration of the pumpkin-seed emulsion. Knowing that the Rev. Mr. Buel, laboring at the Piræus, under the patronage of the American Board of Baptist Missions, was afflicted with tænia, Mr. H. directed his attention to the preparation. A Greek physician, to whom it was mentioned, scouted the idea—it was really ridiculous, in his opinion. Mr. Buel was exceedingly reduced in health under the medications of his Hellenic medical attendant, was unable to sustain the duties of his mission, and with a gloomy prospect for the future. Under these circumstances, a draught of the freshly-prepared orgeat was swallowed—which shortly resulted in the expulsion of twenty feet of a tape worm! Mr. Buel immediately began to amend, and when the note from which the foregoing facts were taken, was written, there was a fair prospect of a speedy and perfect restoration to his former condition of good health.

A curious case of tape-worm, reported by Dr. Nutting, will be found in a previous page.

*Deaths by Chloroform.*—Fatal results from the administration of chloroform are occasionally reported, and should serve as cautions in its use, when there are any attending circumstances of the patient or peculiarity of temperament which lead to a doubt in regard to its administration. Dr. Ingalls, surgeon of the U. S. Marine Hospital, Chelsea, reports a case in to-day's Journal, which recently occurred at the institution under his charge. A young lady belonging to Norwalk, Conn., died at New Haven, last week, in consequence of inhaling chloroform at a dentist's office for the purpose of having a tooth extracted.

*Mr. Faraday, the great Chemist.*—He who is universally acknowledged to be the first chemist in the world—the pride of science and the especial boast of England—Michael Faraday, was born in 1791. He was the son of a blacksmith, who bound him to a bookbinder in London, with whom he served out an apprenticeship till he was 21 years of age. He had no other education than what he secured by indomitable perseverance under the most trying and mortifying circumstances. Having had the luck to hear a lecture by Sir Humphrey Davy, a ticket of admission having been presented to him for the evening, an instantaneous conviction of his own inherent powers seems to have flashed before his mind. He made the acquaintance of Sir Humphrey, and afterwards became his assistant, secretary, friend, and finally his successor. It is well known that Sir Humphrey, in speaking of his own achievements in science, said that his greatest discovery was made when he found Michael Faraday.

We have been present at the Royal Institution when the very aisles were filled with peers of the realm, standing for want of seats, to listen to the learning and wit of this model lecturer. He is the first and only chemist we ever heard who made the science irresistibly fascinating. The charm is in his natural simplicity—for he is not graceful—his colloquial freedom, and unexpected and playful sayings, which prevent any tendency to weariness in the audience, combined with a kind and winning manner of address. Mr. Faraday puts on no airs, and has the good sense to treat everybody with marked politeness. In raising himself to distinguished fame, he has retained every former personal friendship, and he is still always accessible to the people. In lecturing, he never had a note before him when we have been present, nor did his lectures appear to have been very methodically arranged. To what height might chemistry rise in the medical schools of this country, if those who teach it possessed the energy, enthusiasm, sprightliness, learning and suavity that distinguish the leading chemist of England.

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*Dr. Talcott's Address.*—Some persons have the enviable faculty of speaking appropriately at all times. On the 16th of January, when medical degrees were conferred on those who had sustained a satisfactory examination at Yale College, Alvan Talcott, M.D., in behalf of the board of examiners, delivered an address, which has wisely been published. Its publication is a compliment to the author, and the address is an honor to the institution from whence it emanated. It is refreshing to find a man in the profession who is not too cowardly to give his honest opinions, lest they should at some period be held up in terrorum, and blight his prospects. Dr. Talcott told his auditors plainly what they must do; and the reader sees, as he proceeds from line to line, precisely what thousands have not done who keep up a perpetual noise about the dignity, the immaculate character and glory of the healing art. It requires some degree of discretion in a lecturer to know when he has said enough to produce a pre-determined effect. Dr. Talcott evidently possesses this qualification, and therefore closed while his hearers were wishing for more.

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*Dr. Samuel Jackson's Discourse.*—The man who dared to speak freely of the defective organization of the American Medical Association, has delivered a discourse before the Philadelphia County Medical Society, that sparkles with bright thoughts and wise suggestions. Dr. J. is an independent thinker, and has courage enough to speak his mind without fearing that some old dog in the manger may growl at the prospect of losing a bone. His reasonings are logical, and his facts and conclusions are undeniable. No clergyman would have succeeded better in illustrating a text—and had any of the cloth taken the words which Dr. J. has chosen, "*My son, if thou comest to serve the Lord, prepare thy soul for temptation,*" they would not have written a sermon superior to this, which was not, however, intended for one.

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*Ranking's Abstract of Medical Science.*—This work, our readers are aware, is republished by Messrs. Lindsay & Blakiston, twice a year, at Philadelphia, and we presume is well sustained. It would seem, at first view, to require no remarkable tact to conduct a periodical wholly with a pair of scissors—but on reflection it must be admitted that powers of no

everyday order are needed to select judiciously from the mountains of matter spread abroad in the Journals. This labor of selecting the wheat from the chaff, and giving it an arrangement—a come-at-able form to be serviceable—can be done well only by laborious research, a clear judgment, and an amount of literary activity that but few possess. We discover no falling off in the character of the publication, either in its scientific excellence or typographical execution. Every number is a cyclopedia of medical information by itself, and its utility will remain while diseases afflict mankind.

*Principles of Chemistry.*—Within a few days we have examined a volume with this title, illustrated by simple experiments, in which there is more value, we apprehend, than would be supposed from the little said of it in publications exclusively scientific. It was published by Mr. Bartlett, at Cambridge, in 1851—and at this late period it may be considered that a notice of it is a day after the fair. However, we think otherwise, and therefore beg to direct the attention of medical students towards it as a treatise of great value to those who desire an elementary acquaintance, if nothing more, with that much-neglected branch of a medical education—chemistry. It will aid those who get no assistance where it is professedly to be had. Dr. Stockhardt, the author, is a learned man, of high reputation in Germany, and this translation, by Dr. Peirce, is clearly a very exact and elegant transfer from one language to another.

*Discussion on Anæsthesia.*—It is well known throughout the country that the use of the new anæsthetic agents was not adopted so readily, on their first discovery, in Philadelphia as in other cities, and that faith in their virtues has since been of comparatively slow growth among the physicians there. At a meeting of the County Medical Society, held in that city, March 9th, 1852, the whole subject was fully and freely discussed, and the present views and feelings of the profession made manifest. We should judge by the report of this discussion, which we find in the last number of the Medical Examiner, that there is now little difference of opinion respecting anæsthesia, between the Philadelphia doctors and those nearer and in the city of its discovery. True, all in the former place do not recommend an indiscriminate resort to it, and some do not favor it at all as a mere preventive or assuager of pain. Some of them have materially changed their views on the subject, and now use it in cases in which they formerly would not do so. We were struck with the views of Dr. Darrach, on its use in child-birth, and his comparison of it with modern improvements by which the male sex are more particularly benefited. This blessing, he says, “removes the sting of disease, operations, and the cursed pain of child-birth. Man’s punishment is to obtain his food by the sweat of his brow—hard labor! and woman’s to have pains in child-birth. But the law is satisfied, and now, since man is blessed, through christianity, with labor-saving machinery, that he may no longer toil, woman in child-birth must not judicially and cruelly be denied chloroform, her pain-saving boon in labor.”

The following quotation from the report we must also find room for.

“Dr. Emerson observed that in regard to the agencies by which unconsciousness to pain was induced, there were some phenomena connected

with the nervous system and its mysterious functions, which he thought had not been generally recognized, or if noticed, not regarded with the attention which they deserved. He referred to the power of suspending sensibility exhibited by many persons subjected to pain.

"The mesmerists, he said, claimed this power as one of the results of their manipulations, and many cases are related where cancerous breasts have been cut out, and other most formidable operations performed on patients previously mesmerized, who declared they were free from pain whilst under the hand of the surgeon. He would not dispute the facts in such cases, further than to deny the necessity of any such fallacious agent as animal magnetism to induce the condition. The power evoked, through mesmerism, was doubtless exerted by the minds of very impressible subjects. He had often observed that certain persons seemed endowed with a capacity, on some occasions, to throw the ordinary functions of the nervous system 'out of gear,' to use a familiar term of machinists. Dr. Emerson related a few cases illustrating the subject. In one of these, he was assisting the late Dr. Physick in removing a tumor from the face of a young man, who fainted. During the period of syncope, Dr. Physick observed how differently persons bore pain. Whilst once performing an operation, of an unusually painful nature, upon a man, and wondering at his not crying out with agony, he was surprised at hearing him calmly observe, 'Dr. Physick, how very keen your knives are. It is really a pleasure to be cut with them.'

"The second case occurred under Dr. E.'s own observation, in the person of a near relative, a young lady, who, whilst very young, would never suffer any thing to be done to her teeth. All kinds of entreaties and bribes were exhausted upon her, and the result was, that her teeth, being too much crowded, began to interfere with her pretty looks. As soon as she attained an age when these became more fully appreciated, she cheerfully consented to visit a dentist, who found it necessary to extract no less than five teeth, all strongly rooted. Being her attendant, he was extremely surprised by such an exhibition of fortitude in one whom he knew to be endowed with exquisite sensibilities; and asking her, immediately after the operation, if she had not suffered intensely, was still more surprised to hear her say, that the only pain she had experienced was from the apprehension of the suffering he might have on her account. If mesmeric processes had been resorted to, this of course would have been considered a conclusive demonstration of their efficacy.

"Dr. Emerson observed, that this boon, for such he thought this natural resource might appropriately be called, was most frequently possessed by persons endowed with exquisite sensibility, against the effects of which it might be regarded as a protection. Where the suspension of feeling was induced by mesmeric manipulation, he considered the phenomenon as altogether the result of that extraordinary power which the mind, when deeply impressed by a sense of mystery, or some other obscure agency, could exert over the nervous system, and both with such agencies and phenomena it would be well for the profession to become better acquainted."

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*Case of Tracheotomy.*—Professor Miller read a communication to the Edinburgh Medico-Chirurgical Society, from David Johnstone, Esq., A.M., surgeon to the Royal Infirmary, Montrose, entitled a "Case of Tracheotomy—an Account of a Foreign Body in the Air-Passages:"

We copy it from the *Edinburgh Monthly Medical Journal*. A lad, aged 15, in a fit of laughter, while cracking nuts, was seized with violent coughing, as he supposed from having swallowed a portion of the shell. The cough and distress continuing, a surgeon examined the throat, and passed a probang without relief. When seen, some days afterwards, by Mr. Johnstone, the symptoms plainly showed the lodgment of a foreign body in the air-passages, probably in the left bronchus. Tracheotomy was resolved on, and was performed on the seventh day after the occurrence of the accident. The trachea and larynx were carefully examined with the finger and probe, with and without chloroform. In applying this anæsthetic agent, no stupor could be induced, until a sponge, saturated with it, was applied to the wound, in addition to the ordinary mode of administration. The foreign body, not having been found in the larynx or trachea, search was made in the left bronchus, by means of a polypus forceps; but without success. After bleeding had ceased, the wound was brought together by sutures; but these were removed on the day following. Pain and other inflammatory symptoms followed, indicating acute affection of the left lung; but yielded to leeches, with mercury and tartar emetic. On the tenth day after the operation, an inflammatory relapse occurred, but again yielded to antiphlogistic treatment. On the twenty-eighth day after the occurrence of the accident, a violent fit of coughing, with pain and dyspnœa, occurred, threatening fatal suffocation. This attack having lasted twenty minutes, sudden and permanent relief was experienced, by ejection of the foreign body through the mouth. On the thirty-eighth day, the patient was carefully examined, and found free of disease.

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*Homœopathy in Edinburgh.*—As the proceedings of medical associations in different parts of the world, in regard to their homœopathic members, are matters of general interest, we copy in full, from the *Edinburgh Monthly Medical Journal*, a report of the summary process pursued towards such members by the Medico-Chirurgical Society of that city.

The President announced that he had received, very shortly before entering the room, a printed letter from Professor Henderson, addressed to him in his official capacity, and transmitted through the Secretary, with a note stating that it was for the information of the Society. The President said he had not himself had time to peruse the letter, and he submitted to the Society the question, whether it should be read that evening.

Mr. Syme moved that Professor Henderson's letter lie on the table, seconded by Dr. Myrtle.

Mr. Miller moved, as an amendment, that Dr. Henderson's letter be read, seconded by Dr. W. T. Gairdner.

After some conversation, in the course of which it appeared that Professor Henderson's letter was designed for immediate publication, and had actually been advertised in the newspapers, as intended to appear on the following day; and after remarks by Professors Christison and Simpson, Dr. Alexander Wood, Dr. Douglas Maclagan, &c., the Society divided, first on Mr. Miller's amendment, and afterwards on Mr. Syme's motion, when the latter was carried by a large majority.

Mr. Syme then moved, in conformity with the resolution of the Society at last meeting, "That Dr. Henderson having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Fowler, of Corstophine, and carried without opposition. Mr. Miller dis-



sending, "on the ground that a letter, addressed to the President, and referring to the resolution of the previous meeting, had been received from Dr. Henderson while still a member of the Society, which letter the Society had refused to hear; although, for aught that they knew, it might have contained important statements bearing on the matter in question." (The above reasons of dissent were handed to the Secretary in writing by Mr. Miller.)

Dr. Burt moved, "That Dr. M'Donald, of St. Andrews, having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Myrtle. Carried unanimously.

Dr. Simpson moved, "That Dr. M'Leod, of Ben Rhydding, having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Christison, and carried unanimously.

Dr. Alexander Wood moved, "That Dr. Ransford, of York, having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Malcolm, and carried unanimously.

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*Medical Miscellany.*—Dr. W. Samuel, convicted of manslaughter at Edgefield, S. C., has been fined \$1,000, and imprisoned in jail one year.—In New Jersey, there were, in one year, 6,467 deaths.—The American Union is extremely severe upon life insurance offices. The annual profits are represented to be all fudge! The article is very severe; and more is promised.—Smallpox has existed for some time in Millersburg, Ohio, and is extending in various directions. It is showing itself at various points in New England, and also in New York.—Singular typographical errors sometimes occur. One of our medical exchanges copies from this Journal Dr. Channing's account of the use of ether in a case of labor nineteen years ago, and in the "Contents" of the number the word years is changed to "centuries." Another one, in copying Dr. Cartwright's apotheosis of Mrs. Willard, makes the eagle a messenger "to defy (instead of *deify*) a mortal."—We see by the London Journals that another Part of Copland's Medical Dictionary has been lately published. It is not yet finished.

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NOTICE.—Fellows of the Massachusetts Medical Society, living in Boston (South and East included), who have not joined the Boston Medical Association, are urgently requested to become members, previous to the next Annual Meeting in May.

No. 28 Harrison Avenue. Office hours, from 1½ to 4 o'clock.

By vote of the Association.

E. W. BLAKE, Secretary.

Boston, March 29, 1852.

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TO CORRESPONDENTS.—The following papers are on file. Dr. Cartwright on the Motive Power of the Blood; Dr. Ziegler on Ossous Development and Nutrition; Dr. Taylor's reply to S. S.; H. A. H. on the Ether Discovery; report of a committee of the New London Co. (Cl.) Medical Society.

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*Deaths in Boston*—for the week ending Saturday noon, April 10, 59.—Males, 37—females, 22. Disease of bowels, 1—burn, 1—disease of brain, 4—inflammation of brain, 1—congestion of brain, 1—consumption, 8—convulsions, 3—cancer, 4—croup, 2—dropsy, 3—exhaustion, 1—epilepsy, 1—typhus fever, 1—hooping cough, 1—disease of heart, 2—influenza, 1—infantile, 3—inflammation of lungs, 5—congestion of lungs, 1—measles, 1—old age, 2—palsy, 3—pleurisy, 3—puerperal, 1—rheumatism, 1—teething, 1—inflammation of throat, 1—unknown, 2. Under 5 years, 24—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 9—over 60 years, 10. Americans, 27; foreigners and children of foreigners, 32. The above includes 4 deaths at the City institutions.

*Oil of Turpentine in Neuralgia.*—Mrs. L., aged 55, consulted me in May of 1847, for the relief of pains mostly in the extremities, which appeared to me to be of a neuralgic character. Her sufferings were represented to be greater at night; her tongue was very slightly furred; still, she seemed otherwise in tolerable health. She was evidently of a nervous, excitable temperament.

Learning that she had taken every remedy that I am aware is prescribed for this form of disease, I decided to try the oil of turpentine, which I had recently used very successfully in a case of sciatica. Disguising the article with the spirits of lavender, I furnished it to my patient with the direction to take ten drops morning and evening. The remedy seems to have proved entirely successful. About six months afterwards she applied for more of that medicine, declaring that she had enjoyed more immunity from pain at night, since taking it, than for years before, and that she "could not live without the medicine."

About the same time in 1848, I was called to see her, when suffering under severe grief, because her only and half-idiot son had enlisted in the army and gone to Mexico. After using other appropriate remedies, I again resorted to the same article with the same result.

I have since prescribed the article several times in neuralgic affections, and know of no remedy in the use of which I at present feel more confidence, for the cure of diseases termed neuralgic.

I am disposed to believe that turpentine is an article of far greater pharmaceutical value than it is regarded, and deserves higher rank among our list of remedies. Having observed, during a visit in Florida last spring, that turpentine was largely used as a domestic remedy by the most ignorant among the natives, who simply "chipped" a pine tree near their doors, and making a tea of the chips, employed it, or the gum that oozed from the wood, for the relief of colds, coughs, rheumatisms, wounds, and various other maladies, I have repeatedly tried it, and have found it to be a most valuable stimulating expectorant, diaphoretic, as well as one of the very best anthelmintics. I observe that it is much more highly prized as a remedial agent, by the profession at the South, than in our meridian.—*New Jersey Medical Reporter.*

*Strangulated Hernia Reduced during Vomiting.*—The Union Medicale mentions that Dr. Küttlinger, of Erlangen, in Germany, tried the taxis upon a woman sixty-four years of age, whose crural hernia was strangulated, but without success. The patient was soon attacked with vomiting, and whilst she was making efforts, Dr. Küttlinger seized the tumor, pressed it with some force, and succeeded in reducing it in the very midst of the straining. Three months afterwards strangulation occurred again, the taxis was tried in vain, and reduction was effected exactly in the same manner as before.

*Preparation of Dahlia or Georgina Paper.*—Dahlia paper is prepared by bruising the petals of the red dahlia with a little water, expressing the juice and filtering. This is then applied to white filtering paper by means of a pencil brush. This paper, which may replace the litmus paper, is colored red by acids, and green by alkalies. If the color of the juice is not sufficiently deep, it may be concentrated by evaporation, filtered, and then used.—*Jour. Chimie Med.*, Dec. 1851.